

December 8, 2006

Title Agency
844 Parkway Dr.
Bluffton, IN 46714

RE: Examination of Title Insurance Agency

Dear Owner/Manager of Title Insurance Agency:

You are scheduled for an examination of your title insurance records in accordance with Indiana Code 27-1-3.1 *et seq.* on _____ at _____ am/pm.

The examiner will be looking at random title closing files, cancelled checks, financial statements, Articles of Incorporation or Organization, licenses and other documents to ensure that each agency is in compliance with the following standards:

- Standard 1** Title Agency acts within the scope of its license and all employees who need a license are properly licensed;.
- Standard 2** Controlled business or affiliated business is handled in accordance with statutes, rules and regulations;
- Standard 3** Inducements are not provided, directly or indirectly, in consideration of a referral or title insurance business, escrow or other services provided by a title insurance agent;
- Standard 4** Escrow accounts are used only to receive and disburse funds as they relate to a loan closing;
- Standard 5** TIEFF collection is in accordance with Indiana state law; and
- Standard 6** Policies and premiums are reported and remitted on a timely basis.

Please fill out the attached worksheet regarding licensure of the agency and all its employees who perform duties that, by law, are required to have a license. This document should be available for the examiner to inspect at the time of the examination

If you have any questions concerning the exam, please contact me at the Department of Insurance prior to your exam.

Sincerely,

David Morgan
Senior Insurance Examiner
317-232-2399

Title Insurance Agency Examination Worksheet

Title Insurance Agency Name:_____

Title Agency IDOI License #:_____

List of Licensees Who are Employees of the Title Agency:

Name:	License Number:	Job Responsibilities:
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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4. _____	_____	_____
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5. _____	_____	_____
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6. _____	_____	_____
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7. _____	_____	_____
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8. _____	_____	_____
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9. _____	_____	_____
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10. _____	_____	_____
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11. _____	_____	_____
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12. _____	_____	_____
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13. _____	_____	_____
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Attach additional information if necessary.

Completed on: _____

By: _____